

Authorized User Acknowledgement Form

Notice of Required Radiation Safety Orientation for New Personnel

Please date and sign this form, print your name and return to the Radiation Safety Branch, Building 21, Room 116. This certification may be FAXed to 496-3544.

I certify that I have received, read, and understand the requirement for Radiation Safety Orientation of new personnel who will use radioactive materials under my Authorization. I agree to conduct the orientation, and document this training in accordance with the policy of the NIH Radiation Safety Program. I also understand that I am responsible for ensuring that individuals under my Authorization must attend the first available one day radiation safety training course.

Date

Signature of Authorized User

Printed Name of Authorized User

RSB ID Number (your Authorized User clearance number)

Please complete this certification and return it to RSB by March 1.